

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005532

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

389

Primary Registration District No.

5173

Registrar's No.

3

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 4 1963

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Summit Twp</i>		c. CITY OR TOWN <i>Jefferson City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>One Mile N.E. Holt Summit Missouri</i>		d. STREET ADDRESS (If outside, give location) <i>422 near E. McCarty</i>	
3. NAME OF DECEASED (Type or print) First <i>Thelma Jean</i> Middle <i>Logan</i> Last <i>Logan</i>		4. DATE OF DEATH Month <i>February</i> Day <i>16</i> Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-7-54</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11a. BIRTHPLACE (City and state or country) <i>Jefferson City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Nelson Ancel Logan</i>		13b. MOTHER'S MAIDEN NAME <i>Genevieve Scott</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>No</i>	
16. SOCIAL SECURITY NO. <i>[REDACTED]</i>		17. INFORMANT <i>Nelson Ancel Logan, Jefferson City, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Drowning</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Drowning in pond</i>	
20c. TIME OF INJURY Hour <i>2:30</i> p.m. Month, Day, Year <i>Feb, 16, 1963</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>On farm pond</i>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Holt Summit Callaway Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>2:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Daniel C. Browning, coroner Fulton, Mo</i>	
22b. ADDRESS <i>2-17-63</i>		22c. DATE SIGNED <i>2-17-63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-18-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Chapel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Near Guthrie, Missouri</i>
24. FUNERAL DIRECTOR <i>Tanner Funeral Home, Jefferson City, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-1-63</i>	
26. REGISTRAR'S SIGNATURE <i>Leroy Claypool</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Orin L. Lawrence*

Licensed Embalmer No.

4411

P. O. Address

Belle me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.